U.S. Department of its fice V-00767-MEM United States Marshals Service

Document 10-4 Filed 08/03/18 Page 1 of 30 PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF EDWARD THOMAS KENNEDY				1		URT CASE NUMBER	
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Schuylkill County Courthouse, 4	101 North Second	Street, Pottsville	e, PA 17901-2528				
Telephone No. 570-628-1270. (Courthouse if open	8:30 AM to 4:30	OPM Monday to F	riday.			
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- 3. NOTICE OF SERVICE
- BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Warshals Service

Document 1970 CES RECEIPT AND RETURN See "Instructions for Service of Process by U.S. Marshal"

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- NOTICE OF SERVICE
   BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
   ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice -00767-MEM United States Marshals Service

## Document PROCES RECEPPT PAND RETURN 2 9 5

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DEFENDAN	THOMAS KENN	EDY					3:18-CV-00767-R		S
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			то пород	11 0.00 7 HVI 10 4	.50 I W Worlday to	riday.			
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- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - NOTICE OF SERVICE
     BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
     ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Warshals Service

## Document PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF								
EDWARD	THOMAS KENNED	Y				COURT CASE NUM		
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- NOTICE OF SERVICE
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PLAINTIFF								
EDWARD	THOMAS KENNED	Y				URT CASE NUM		
DEFENDAN						3-CV-00767-R	DM-SES	
DUTCAVA	GE, ET AL.,					PE OF PROCESS		
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   BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
   ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Lustice -00767-MEM United States Warshals Service Document 10ROCTES 98692/1 See "Instructions for Service of Process by U **PLAINTIFF** COURT CASE NUMBER **EDWARD THOMAS KENNEDY** 3:18-CV-00767-RDM-SES DEFENDANT TYPE OF PROCESS DUTCAVAGE, ET AL., Service of Process /Complaints * NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE DAVID JOHN DUTCAVAGE, PROTHONOTARY ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 North Second Street, Pottsville, PA 17901 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 3 * EDWARD THOMAS KENNEDY **401 TILLAGE ROAD** Number of parties to be BREINIGSVILLE, PA 18031 served in this case 5 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Fold * Summons, Complaint, and Plaintiff's First Amended Complaint, PROTHONOTARY, County of Schuylkill Pennsylvania, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528 Telephone No. 570-628-1270. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday. Signature of Attorney other Originator requesting service on behalf of TELEPHONE NUMBER PLAINTIFF DATE DEFENDANT 415 275 1244 August 3, 2018 SPACE BELOW FOR/USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE District of Total Process District to Signature of Authorized USMS Deputy or Clerk number of proce

### I acknowledge receipt for the total

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Signature of U.S. Marshal or Deputy Total Mileage Charges Service Fee Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or including endeavors) (Amount of Refund*)

PRINT 5 COPIES:

REMARKS:

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1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

## U.S. Department of Justice cv-00767-MEM United States Marshals Service

## Document 10-4 Filed 08/03/18 Page 7 of 30 PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF				
	COURT	CASE NUMI	BER	
EDWARD THOMAS KENNEDY	3:18-C	V-00767-RE	M-SES	
DEFENDANT	TYPE	F PROCESS		
DUTCAVAGE, ET AL.,	Service	of Process	/Complaint	s *
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DE	ESCRIPTION OF	PROPERTY T	O SEIZE OR (	CONDEM
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AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	OO. 10 I EIKIEE			
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SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			I	
	Number of p served with t		3 *	
EDWARD THOMAS KENNEDY				**************************************
401 TILLAGE ROAD	Number of p		_	
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Pottsville, PA 17901-2528. Telephone No. 570-628-1200. Courthouse is open 8:30	Courthouse, 40	Monday to	Cond Street,	alaa
Darlene Laughlin, Chief Clerk, County of Schuylkill, https://www.linkedin.com/in/dar	rlene-laughlin-6	262225 at	Phone: 570-	628-
1200.	raag o	ororro at	1 110110. 07 0	020
Signature of Attorney other Originator requesting service on behalf of:	TELEPHONE NUM	BER	DATE	
Defendant				
	415 275 1244		August 3	
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- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

## U.S. Department of Justice v-00767-MEM Document PRACE States Marshals Service Document PRACE States Marshals Service

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- 1. CLERK OF THE COURT
  2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice v-00767-MEM United States Marshals Service

## Document PROCESSORE CELEBRY AND RETURN

See "Instructions for Service of Process by U.S. Ma PLAINTIFF COURT CASE NUMBER **EDWARD THOMAS KENNEDY** 3:18-CV-00767-RDM-SES DEFENDANT TYPE OF PROCESS DUTCAVAGE, ET AL., Service of Process /Complaints * NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE GEORGE FRANCIS HALCOVAGE, COMMISSIONER COUNTY OF SCHUYLKILL AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 North Second Street, Pottsville, PA 17901 (Schuylkill County Courthouse) SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 3 * **EDWARD THOMAS KENNEDY 401 TILLAGE ROAD** Number of parties to be BREINIGSVILLE, PA 18031 served in this case 5 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold * Summons, Complaint, and Plaintiff's First Amended Complaint, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528. Telephone No. 570-628-1200. Courthouse is open 8:30 AM to 4:30 PM Monday to Friday. See also, Darlene Laughlin, Chief Clerk, County of Schuylkill, https://www.linkedin.com/in/darlene-laughlin-6b262225 at Phone: 570-628-1200. Signature of Attorney other Originator reques ing service on behalf of: TELEPHONE NUMBER ☑ PLAINTIFF DATE ☐ DEFENDANT 415 275 1244 August 3, 2018 SPACE BELOW FOR USE OF U.\$. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date number of process indicated. Origin Serve (Sign only for USM 285 if more than one USM 285 is submitted) No. No I hereby certify and return that I 🗵 have personally served , 🗆 have legal evidence of service, 🗀 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time am l pm Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or including endeavors) (Amount of Refund*) REMARKS:

### PRINT 5 COPIES:

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- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice V-00767-MEM United States Marshals Service

## Document process RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF									
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  3. NOTICE OF SERVICE

  4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justicev-00767-MEM United States Marshals Service

# Document process RECEPT AND RETURN See "Instructions for Service of Process by U.S. Marshal"

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- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

## U.S. Department of Justice V-00767-MEM United States Marshals Service

# See "Instructions for Service of Process by U.S. Marshal"

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- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

### U.S. Department of Justice

United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Rev. 12/15/80 Automated 01/00

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Form USM-285 Rev. 12/15/80 Automated 01/00

ase 3:18-cv-00767-MEM Document 10-4 Filed 08/03/18 Page 14-01-50

norm. Fill out the form and print 5 copies. Sign as needed and route as specified below. U.S. Department of Justice Document 10-4 Filed 08/03/18 Page 15 PROCESS RECEIPT AND RETURN United States Marshals Service See "Instructions for Service of Process by U.S. Marshal" PLAINTIFF COURT CASE NUMBER **EDWARD THOMAS KENNEDY** 3:18-CV-00767-RDM-SES DEFENDANT TYPE OF PROCESS DUTCAVAGE, ET AL., Service of Process /Complaints * NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE JOSEPH G. GROODY, SHERIFF ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 North Second Street, Pottsville, PA 17901 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 **EDWARD THOMAS KENNEDY 401 TILLAGE ROAD** Number of parties to be BREINIGSVILLE, PA 18031 served in this case 5 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Fold * Summons, Complaint, and Plaintiff's First Amended Complaint, Sheriff, County of Schuylkill Pennsylvania, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528 Telephone No. 570-628-1440. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday. Signature of Attorney other Originator requesting service on **⋈** PLAINTIFF TELEPHONE NUMBER DATE DEFENDANT 415 275 1244 August 3, 2018 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total Total Proce District of District to Signature of Authorized USMS Deputy or Clerk number of process indicated. Origin Serve (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I 🗵 have personally served , 🗌 have legal evidence of service, 🗌 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time □ am □ pm Signature of U.S. Marshal or Deputy

REMARKS:

PRINT 5 COPIES:

Service Fee

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1. CLERK OF THE COURT

2. USMS RECORD

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including endeavors)

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

Total Charges

Advance Deposits

Forwarding Fee

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Amount owed to U.S. Marshal* or

(Amount of Refund*)

ini. Fill out the form and print 5 copies. Sign as needed and route as specified below U.S. Department of Justice Document 10-4 Filed 08/03/18 Page 10 or PROCESS RECEIPT AND RETURN United States Marshals Service See "Instructions for Service of Process by U.S. Marshal" PLAINTIFF COURT CASE NUMBER **EDWARD THOMAS KENNEDY** 3:18-CV-00767-RDM-SES DEFENDANT TYPE OF PROCESS DUTCAVAGE, ET AL., Service of Process /Complaints * NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE JOSEPH G. GROODY, SHERIFF ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 North Second Street, Pottsville, PA 17901 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 3 * **EDWARD THOMAS KENNEDY** 401 TILLAGE ROAD Number of parties to be BREINIGSVILLE, PA 18031 served in this case 5 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold * Summons, Complaint, and Plaintiff's First Amended Complaint, Sheriff, County of Schuylkill Pennsylvania, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528 Telephone No. 570-628-1440. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday. Signature of Attorney other Originator requesting service on b TELEPHONE NUMBER ▼ PLAINTIFF DATE ☐ DEFENDANT 415 275 1244 August 3, 2018 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total Total Pf District of Signature of Authorized USMS Deputy or Clerk District to Date number of process indicated. Origin Serve (Sign only for USM 285 if more than one USM 285 is submitted) No I hereby certify and return that I 📈 have personally served , 🗌 have legal evidence of service, 🗌 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time  $\square$  am  $\square$  pm Signature of U.S. Marshal or Deputy Total Mileage Charges Service Fee Forwarding Fee Total Charges Amount owed to U.S. Marshal* or Advance Deposits including endeavors) (Amount of Refund*) REMARKS:

### PRINT 5 COPIES:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
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- 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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PRINT 5 COPIES:

REMARKS:

- 1. CLERK OF THE COURT 2. USMS RECORD

- USMS RECORD
   NOTICE OF SERVICE
   BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
   ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

art form. Fin out the form and print 5 copies. Sign as needed and route as specified below. U.S. Department of Justice Document 10-4 Filed 08/03/18 Page 16 PROCESS RECEIPT AND RETURN United States Marshals Service See "Instructions for Service of Process by U.S. Marshal" PLAINTIFF COURT CASE NUMBER EDWARD THOMAS KENNEDY 3:18-CV-00767-RDM-SES DEFENDANT TYPE OF PROCESS DUTCAVAGE, ET AL., Service of Process /Complaints * NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE JOSEPH G. GROODY, SHERIFF ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT 401 North Second Street, Pottsville, PA 17901 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 3 * EDWARD THOMAS KENNEDY 401 TILLAGE ROAD Number of parties to be BREINIGSVILLE, PA 18031 served in this case 5 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold * Summons, Complaint, and Plaintiff's First Amended Complaint, Sheriff, County of Schuylkill Pennsylvania, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528 Telephone No. 570-628-1440. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday. Signature of Attorney other Originator requesting service on bothal of: TELEPHONE NUMBER ▼ PLAINTIFF DATE DEFENDANT 415 275 1244 August 3, 2018 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

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PRINT 5 COPIES:

REMARKS:

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5. ACKNOWLEDGMENT OF RECEIPT

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**U.S. Department of Justice** United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Automated 01/00

EDWARD THOMAS KENNEDY  DEFENDANT  DUTCAVAGE, ET AL.,  NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY  COUNTY OF SCHUYLKILL, PENNSYLVANIA, SERVE TO COUNTY SOLICITOR MARSHALL  AT  COUNTY OF SCHUYLKILL, PENNSYLVANIA, SERVE TO COUNTY SOLICITOR MARSHALL  ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Number of process to be	S ss /Complaints * TO SEIZE OR CONDEM
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SERVE AT  NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY  COUNTY OF SCHUYLKILL, PENNSYLVANIA, SERVE TO COUNTY SOLICITOR MARSHALI  ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528	TO SEIZE OR CONDEM
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AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528  END NOTICE OF SERVICE CORY TO REQUESTER AT NAME AND ADDRESS BELOW.	L **
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528	
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END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Number of process to be	
served with this Form 28:	
EDWARD THOMAS KENNEDY	
401 TILLAGE ROAD  Number of parties to be served in this case	5
BREINIGSVILLE, PA 18031	
Check for service on U.S.A.	
* Summons, Complaint, and Plaintiff's First Amended Complaint,  ** Alvin B. Marshall, Solicitor, County of Schuylkill Pennsylvania,  OFFICE OF THE COUNTY SOLICITOR, Schuylkill County Courthouse, 401 North Second Street, Pottsville,  Telephone No. 570-628-1129. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.	, PA 17901-2528
gnature of Attorney other Originator requesting service on behalf : DI AINTHEE TELEPHONE NUMBER	DATE
A B A LANNING	DATE
DEFENDANT 415 275 1244	August 3, 2018
SPACE BELOW FOR USE OF U.\$. MARSHAL ONLY DO NOT WRITE BELOW	W THIS LINE
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an one USM 285 is submitted) No. No. No.	
hereby certify and return that I 🗖 have personally served, $\square$ have legal evidence of service, $\square$ have executed as shown in "Remain the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at	rks", the process described t the address inserted below
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	uitable age and discretion
	in defendant's usual place
of abode	_
ddress (complete only different than shown above)  Date	Time
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. Signature of C.S. 1	Marshar of Deputy
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5. ACKNOWLEDGMENT OF RECEIPT

itt form. Fill out the form and print 5 copies. Sign as needed and route as U.S. Department of Justice Document 10-4 Filed 08/03/18 .8-cv-00767-MEM PROCESS RECEIPT AND RETURN United States Marshals Service See "Instructions for Service of Process by U.S. Marshal" PLAINTIFF COURT CASE NUMBER EDWARD THOMAS KENNEDY 3:18-CV-00767-RDM-SES DEFENDANT TYPE OF PROCESS DUTCAVAGE, ET AL., Service of Process /Complaints * NAME OF INDIVIDUAL. COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE COUNTY OF SCHUYLKILL, PENNSYLVANIA, SERVE TO COUNTY SOLICITOR MARSHALL ** ADDRESS (Street or RFD, Apartment No., City. State and ZIP Code) AT Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 3 * EDWARD THOMAS KENNEDY **401 TILLAGE ROAD** Number of parties to be BREINIGSVILLE, PA 18031 served in this case 5 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold Fold * Summons, Complaint, and Plaintiff's First Amended Complaint, ** Alvin B. Marshall, Solicitor, County of Schuylkill Pennsylvania, OFFICE OF THE COUNTY SOLICITOR, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528 Telephone No. 570-628-1129. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday. Signature of Attorney of or Originator requesting TELEPHONE NUMBER **PLAINTIFF** DEFENDANT 415 275 1244 August 3, 2018 SPACE BELOW FOR USE OF U.\$. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date number of process indicated. Origin Serve (Sign only for USM 285 if more than one USM 285 is submitted) No. I hereby certify and return that I 🗵 have personally served . 🗆 have legal evidence of service. 🗀 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time am □ pm Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or including endeavors) (Amount of Refund*) REMARKS:

### PRINT 5 COPIES:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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OFFICE	Marshall, Solicitor OF THE COUNTY	SOLICITOR	Cabini							
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  - 3. NOTICE OF SERVICE
  - BILLING STATEMENT*: To be returned to the U.S. Marshal with payment. if any amount is owed. Please remit promptly payable to U.S. Marshal.
     ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

it form. Fill out the form and print 5 copies. Sign as needed and route as specified below U.S. Department of Justice Document 10-4 8-cv-00767-MEM Filed 08/03/18 Page 2 PROCESS RECEIPT AND RETURN United States Marshals Service See "Instructions for Service of Process by U.S. Marshal" PLAINTIFF COURT CASE NUMBER **EDWARD THOMAS KENNEDY** 3:18-CV-00767-RDM-SES DEFENDANT TYPE OF PROCESS DUTCAVAGE, ET AL., Service of Process /Complaints * NAME OF INDIVIDUAL. COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE COUNTY OF SCHUYLKILL, PENNSYLVANIA, SERVE TO COUNTY SOLICITOR MARSHALL ** ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 3 * EDWARD THOMAS KENNEDY 401 TILLAGE ROAD Number of parties to be BREINIGSVILLE, PA 18031 served in this case 5 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold * Summons, Complaint, and Plaintiff's First Amended Complaint, ** Alvin B. Marshall, Solicitor, County of Schuylkill Pennsylvania, OFFICE OF THE COUNTY SOLICITOR, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528 Telephone No. 570-628-1129. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday. Signature of Attorney o or Originato requesting service on behal TELEPHONE NUMBER ✓ PLAINTIFF DATE DEFENDANT 415 275 1244 August 3, 2018 SPACE BELOW FOR USE OF U. \$. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk number of process indicated. Origin Serve (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I 🗵 have personally served . 🗆 have legal evidence of service, 🗀 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) A person of suitable age and discretion then residing in defendant's usual place of abode Date Time □ am □ pm

Name and title of individual served (if not shown above)

Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy

Service Fee Total Mileage Charges Forwarding Fee Total Charges Amount owed to U.S. Marshal* or Advance Deposits including endeavors) (Amount of Refund*)

REMARKS

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2. USMS RECORD

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5. ACKNOWLEDGMENT OF RECEIPT

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### PRINT 5 COPIES:

- 1. CLERK OF THE COURT
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- 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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PRINT 5 COPIES:

Service Fee

REMARKS:

Fold

- 1. CLERK OF THE COURT
- 2. USMS RECORD

Total Mileage Charges

including endeavors)

- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment. if any amount is owed. Please remit promptly payable to U.S. Marshal.

Total Charges

Advance Deposits

Forwarding Fee

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Amount owed to U.S. Marshal* or

(Amount of Refund*)

U.S. Department of Justice United States Marshals Service

## Document PROCESS RECEIPT RANG RETURN

See "Instructions for Service of Process by U.S. Marshal"

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401 NOIX	TH STREET, HARRIS	5BURG, PA 1712	:0-0500; PHONE	717-787-1734; F	AX 717-787-173	34.	
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CD CD			0	DEFENDANT	415 275 1244		August 3, 2018
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	4. BILLING STATE	EMENT*: To be retur	ned to the U.S. Mars	shal with payment,			Form USM-2
	5. ACKNOWLEDG	owed. Please remit pro MENT OF RECEIPT	omptly payable to U.	S. Marshal.			Rev. 12/15/ Automated 01/

U.S. Department of Justice V-00767-MEM Document PROCESSIRE CENTER RETURN United States Marshals Service See "Instructions for Service of Process by U.S. Marshal PLAINTIFF COURT CASE NUMBER **EDWARD THOMAS KENNEDY** 3:18-CV-00767-RDM-SES DEFENDANT TYPE OF PROCESS DUTCAVAGE, ET AL., Service of Process /Complaints * NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE COMMONWEALTH OF PENNSYLVANIA, SERVE AT ROBERT TORRES, SECRETARY OF STATE (ACTING) ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH STREET, HARRISBURG, PA 17120-0500 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 3 * **EDWARD THOMAS KENNEDY 401 TILLAGE ROAD** Number of parties to be BREINIGSVILLE, PA 18031 served in this case 8 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold Fold * Summons, Complaint, and Plaintiff's First Amended Complaint, ROBERT TORRES, ACTING PENNSYLVANIA SECRETARY OF STATE, ACCEPTS SERVICE OF PROCESS FOR THE DEFENDANT COMMONWEALH OF PENNSYLVANIA AT 401 NORTH STREET, HARRISBURG, PA 17120-0500; PHONE 717-787-1734; FAX 717-787-1734. Attorney other Originator requesting service on behalf of. TELEPHONE NUMBER DATE PLAINTIFF DEFENDANT 415 275 1244 August 3, 2018 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date number of process indicated. Origin Serve (Sign only for USM 285 if more than one USM 285 is submitted) No. No I hereby certify and return that I 🗵 have personally served , 🗆 have legal evidence of service, 🗀 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time am pm Signature of U.S. Marshal or Deputy

PRINT 5 COPIES:

Service Fee

REMARKS:

- 1. CLERK OF THE COURT
- 2. USMS RECORD

Total Mileage Charges

including endeavors)

- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

Total Charges

Advance Deposits

5. ACKNOWLEDGMENT OF RECEIPT

Forwarding Fee

PRIOR EDITIONS MAY BE USED

Amount owed to U.S. Marshal* or

(Amount of Refund*)

U.S. Department of Justice V-00767-MEM United States Marshals Service

# See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF	THOMAS KENNED					COURT CASE NUM	ABER	
DEFENDA		(				3:18-CV-00767-R		
						TYPE OF PROCESS	3	
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- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice V-00767-MEM Document PROCESS RECEIPT RANGE 28 of United States Marshals Service See "Instructions for Service of Process by U.S. Mars PLAINTIFF COURT CASE NUMBER **EDWARD THOMAS KENNEDY** 3:18-CV-00767-RDM-SES DEFENDANT TYPE OF PROCESS DUTCAVAGE, ET AL., Service of Process /Complaints * NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE COMMONWEALTH OF PENNSYLVANIA, SERVE AT ROBERT TORRES, SECRETARY OF STATE (ACTING) ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH STREET, HARRISBURG, PA 17120-0500 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 3 * **EDWARD THOMAS KENNEDY 401 TILLAGE ROAD** Number of parties to be BREINIGSVILLE, PA 18031 served in this case 8 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold * Summons, Complaint, and Plaintiff's First Amended Complaint, ROBERT TORRES, ACTING PENNSYLVANIA SECRETARY OF STATE, ACCEPTS SERVICE OF PROCESS FOR THE DEFENDANT COMMONWEALH OF PENNSYLVANIA AT 401 NORTH STREET, HARRISBURG, PA 17120-0500; PHONE 717-787-1734; FAX 717-787-1734. Signature of Attorney other Originator requesting service on behalf of TELEPHONE NUMBER PLAINTIFF DATE DEFENDANT 415 275 1244 August 3, 2018 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total **Total Process** District of District to Signature of Authorized USMS Deputy or Clerk Date number of process indicated. Origin Serve (Sign only for USM 285 if more than one USM 285 is submitted) No. No I hereby certify and return that I 🗵 have personally served , 🗆 have legal evidence of service, 🗀 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time ___ am □ pm

PRINT 5 COPIES:

Service Fee

REMARKS:

Fold

- 1. CLERK OF THE COURT
- 2. USMS RECORD

Total Mileage Charges

including endeavors)

- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment. if any amount is owed. Please remit promptly payable to U.S. Marshal.

Total Charges

Advance Deposits

Forwarding Fee

ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Signature of U.S. Marshal or Deputy

Amount owed to U.S. Marshal* or

(Amount of Refund*)

U.S. Department of Justice V-00767-MEM United States Marshals Service

# See "Instructions for Service of Process by U.S. Marshall

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PLAINTIFF FDWARD THOMAS KENNE				COU	RT CASE NUM	IBER	
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SEND NOTICE OF SERVICE COP	Y TO REQUESTER AT	NAME AND ADD	RESS BELOW			1	
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401 TILLAGE ROA	Number of parties to be served in this case			A CONTRACTOR OF THE PARTY OF TH			
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						'ANIA AT	11 ( 1
401 NORTH STREET, HARI	RISBURG, PA 1712	10-0500; PHONE	717-787-1734; FA	AX 717-787-17	34.		
Superior of Alexandra				7			
Signature of Attorney other Originator	roquesting service on be	ehalf of	PLAINTIFF	TELEPHONE NUI	MBER	DATE	
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- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

# U.S. Department of Justice United States Marshals Service

## Document 10-4 Filed 08/03/18 Page 30 of 30 PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY DEFENDANT				
		COURT CASE NUMBER 3:18-CV-00767-RDM-SES		
		TYPE OF PROCESS		
DUTCAVAGE, ET AL.,	Service of Process /Complaints *			
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR I				
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	served	with this Form 285	3*	
DEPART OF THOMAS KENNEDY  401 TILLAGE ROAD	Numbe	r of parties to be		
BREINIGSVILLE, PA 18031		in this case	8	
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	on U.S.	for service A.		
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* Summons, Complaint, and Plaintiff's First Amended Complaint, ROBERT TORR OF STATE, ACCEPTS SERVICE OF PROCESS FOR THE DEFENDANT COMM	MONWEALF	OF PENNSYL	/ANIA AT	
401 NORTH STREET, HARRISBURG, PA 17120-0500; PHONE 717-787-1734; F	FAX 717-787	7-1734.		
Signature of Attorney other Originator requesting service on behalf of	TEL EDITOR	NAN ONE	D. COT	
College	TELEPHONI	NUMBER	DATE	
DEFENDANT	415 275	1244	August 3, 2018	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO N	NOT WRI	TE BELOW	THIS LINE	
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- 5. ACKNOWLEDGMENT OF RECEIPT